

**CLAIMS ONLY**

8-6-07

**Application Number**

08444 90

**Filing Date**

of 2

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Total Indep	Total Depend	Total Claims	* * *		* * *
	Indep	Depend	Indep	Depend	Indep	Depend				Indep	Depend	
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

## CLAIMS ONLY

8-6-07

Application Number

08/444790

Filing Date

2082

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
10 1							151					
10 2							152					
10 3							153					
10 4							154					
10 5							155					
10 6							156					
10 7							157					
10 8							158					
10 9							159					
11 0							160					
11 1							161					
11 2							162					
11 3							163					
11 4							164					
11 5							165					
11 6							166					
11 7							167					
11 8							168					
11 9							169					
12 0							170					
12 1							171					
12 2							172					
12 3							173					
12 4							174					
12 5							175					
12 6							176					
12 7							177					
12 8							178					
12 9							179					
13 0							180					
13 1							181					
13 2							182					
13 3							183					
13 4							184					
13 5							185					
13 6							186					
13 7							187					
13 8							188					
13 9							189					
14 0							190					
14 1							191					
14 2							192					
14 3							193					
14 4							194					
14 5							195					
14 6							196					
14 7							197					
14 8							198					
14 9							199					
15 0							200					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					